pensatory curve in the lower spine. The eye symptoms were mixed. There was complete loss of vision on the left ; pupilar reactions were slight. On the right there was myopia and a recent posterior staphyloma ; the disc hyperæmic, with loss of retinal pigment.

There was no pathological change whatever in the limbs, and the only nervous troubles worth mentioning were frequent headache and constant desire to pass water.—*La Merc. Méd.*, July 17, 1895. MITCHELL.

Ophthalmoplegic Migraine. In a clinic, at the Hôpital St. Antoine, M. Gilbert Ballet showed and discussed a case of the infrequent disorder, for which Charcot proposed the name of "Ophthalmoplegic Migraine." In examining the patient the most conspicuous symptom was the dropping of the right upper eye-lid and the possibility of elevating it to only a very slight degree, due to the paralysis of the levator muscle. This was found to be accompanied, on examining the eye, with paralysis of the right internal rectus, paresis of the superior and inferior recti, and a decided affection of the superior oblique ; the inferior oblique and the external rectus were untouched. The result of these muscular difficulties was that the patient had a crossed lateral diplopia as well as a vertical one. The third nerve supplying also the ciliary muscle, its paralysis had resulted in a permanent dilatation of the pupil, with bad reaction to light and fixation.

The interest of the case lies rather in its development than in the condition of total ophthalmoplegia. The patient, 37 years of age, had suffered with the first attack of the same paralysis in his 14th year, and had afterwards five more, ot which the one described was the last. The trouble had begun with a pain in the left supra-orbital region, which crossed to the right side after a day or two, and there remained in a somewhat more extended area, affecting the ocular, the supra-orbital and the parietal regions. In addition to these characteristic migrainous symptoms the patient suffered at first with some cardiac disturbances and with nausea—altogether like a typical hemicrania. Ordinarily in this disease the pain ceases instantly upon the appearance of the paralysis ; in the present instance this was not so. When the paralysis appeared the pain was lessened, but did not go away. The mobility of the eye usually was perfect in the intervals of the attacks, though not quite so perfect between the last two.

The author has tabulated the twenty-two cases, which he believes to be all that have been recorded. The disorders from which this would have to be differentiated in practice are the occasional passing paralysis of the third nerve, sometimes seen in tabes, and a cerebral growth or a meningitis, especially seated at the base, where it might give a paralysis of the third nerve, and even possibly a periodic one, thus closely resembling the relapsing attacks of ophthalmoplegia. In that case it would be easily distinguished by its other distinct signs of the brain-growth.—*La Méd. Mod.*, Feb., 1896.

MITCHELL.

Hysterical Spasm of the Muscles of the Trunk.

Janet (La France Medicale, Dec. 6, 1895,) calls attentton to a symptom of hysteria that he thinks is not rare, but has not as yet been described, and which consists in a tonic spasm or contracture of part or nearly all of the trunk muscles, at times including the diaphragm. Curvature of the spine, due to hysterical contracture of the dorsal muscles, has been noted by Lannelongue, Duret, Vic, and others, but Janet alludes more particularly to an affection more acute in onset, and which may not only cause great pain and vicious attitudes, but may, according to the muscular groups involved, give rise to various respiratory or digestive disturbances, so that it may easily be mistaken for some visceral disease. Eight illustrative cases are given in detail.

Cases one and two were young men, and the affection followed an unimportant traumatism. The abdominal muscles were those principally affected, causing the patients to be "doubled-up," and making extension of the trunk impossible.

Case seven was similar. A woman, aged 32, had, following a fall, repeated attacks of hysterical narcolepsy, and a continuous lateral curvature from muscular contracture.

Cases three, four, five and eight were all pronounced hysterics. They all had recurrent attacks of more or less transient contracture, sometimes limited to a very restricted group of muscles, sometimes involving nearly the entire body. One attack is described that very closely simulated influenza or an acute pulmonary affection. There was headache, pain in the back, respiratory oppression, constant dry cough, respirations 45, the face was pale and drawn, lips dry, tongue pasty, and the patient was covered with perspiration. At the end of a week the patient's condition was scarcely changed, when careful inquiry and examination showed that the attack had followed a fit of anger, and that all the thoracic and abdominal muscles were strongly contracted and tender. The ribs were fixed, and the patient unable to yawn, sigh, or take a deep inspiration; the trunk was rigid, and the arms fixed to the sides, although the forearms and hands were freely movable. As soon as this contracture was dissipated the lumbago, dyspnoea, constipation, and other symptoms disappeared.

Case six was a girl of 19, who had become subject to hysterical attacks after an attempted violation of her person.